

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	PS	66621	11/16
<b>O.I.P.E. CLASSIFIER</b>	100	32	11/16
<b>FORMALITY REVIEW</b>		105955	125
<b>RESPONSE FORMALITY REVIEW</b>			

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date	
Final	Original	
1	✓	5-8-62
2	✓	11/12/62
3	✓	✓
4	✓	✓
5	✓	✓
6	✓	✓
7	✓	✓
8	✓	✓
9	✓	✓
10	✓	✓
11	✓	✓
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45	✓	✓
46	✓	✓
47	✓	✓
48	✓	✓
49	✓	✓
50	✓	✓

Claim	Date	
Final	Original	
51	✓	8-15
52	✓	11/2/62
53	✓	✓
54	✓	✓
55	✓	✓
56	✓	✓
57	✓	✓
58	✓	✓
59	✓	✓
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Claim	Date	
Final	Original	
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If more than 150 claims or 10 actions  
staple additional sheet here

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